



Dharmaraj Shaikshnik Pratishtan's  
**N D KASAR COLLEGE OF PHARMACY**  
Walki, Ahmednagar – 414006

**APPLICATION FOR LEAVING CERTIFICATE**

Date:     /     /

To,

The Principal,  
N D Kasar College of Pharmacy,  
Walki, Ahmednagar-414006.

**Sub : Request for issuing of Leaving Certificate**

Respected sir ,

I \_\_\_\_\_ (full name) have passed out FY / SY D. Pharm / FY / S.Y. exam held in the year \_\_\_\_\_. I am leaving the college on completion of my degree/without completion of the course.

I request you to please issue me Leaving Certificate. My relevant details are furnished below.

1. Date of Birth \_\_\_\_\_ (In words) \_\_\_\_\_
2. Place of Birth \_\_\_\_\_ Nationality / Domicile \_\_\_\_\_
3. Last College attended College \_\_\_\_\_
4. Academic year of Admission in our College of Pharmacy: FY \_\_\_\_\_ Direct SY \_\_\_\_\_ Transfer in (SY/TY/FINAL YEAR) \_\_\_\_\_ M.PHARM. \_\_\_\_\_
5. Religion / Race \_\_\_\_\_ Sub Caste \_\_\_\_\_
6. Category : SC / ST / DTNT / VJNT / OBC / SBC / OPEN.
7. Year in which last term kept in our College of Pharmacy \_\_\_\_\_
8. Reason for Leaving Certificate \_\_\_\_\_
9. I am enclosing herewith the following documents for your record :
  - a) A copy of the mark list of the last University Examination.
  - b) A Xerox copy of the receipt of fees paid for current admission year.
  - c) Affidavit in case of Duplicate LC for Migration Purpose.
10. "No Dues Certificates" from the concerned departments should be submitted along with this application

Thanking you,

Yours faithfully

(Signature of Student)    Mobile No. :

Note : Students should collect their LC personally.